

The multifarious names for HIV and AIDS in the Nyanja speech community of Zambia: An insight into the lay people's multiple perceptions about the pandemic?

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Abstract

This paper analyses the discourse of HIV and AIDS in the Nyanja speech community of Zambia. Specifically the paper critically analyses the concepts that this speech community uses to refer to the pandemic so as to try and unravel the people's perceptions about the pandemic as embodied in these concepts. The paper posits that for HIV and AIDS information education and communication programmes to yield positive results, health communicators need to be aware of such conceptualisations as they have a lot to reveal about the people's attitudes towards the pandemic that could have a bearing on their health conduct and uptake of HIV and AIDS information.

HIV and AIDS situation in Zambia

Zambia 'is one of the countries hardest hit with the Human Immune Virus (HIV) and Acquired Immuno Deficiency syndrome (AIDS) epidemic in the world' (Zambia National Strategy for the Prevention of HIV and STIs, 2009, p. 3). To mitigate the HIV and AIDS situation the country has adopted a multiplicity of interventions and strategies. These include scaling up prevention activities through promotion and support to ABC programmes and cultural sensitive information education and communication, expanding access to Sexually Transmitted Infections (STIs) interventions and facilitating the strengthening of the multi-sectorial response to HIV and AIDS (Zambia Country Report, 2012, p. 7). The ABC programme is anchored on the three pillars of **A**bstinence, **B**eing faithful to one's sexual partner and using a Condom whenever one has sex.

Despite these interventions, there is persistent high HIV prevalence in the country. The National Strategy for the Prevention of HIV and STIs (2009, p. 2) indicates that "to contain the epidemic Zambia must embark on intensive and targeted prevention interventions for both the young people and adults. Repositioning HIV information and skills is necessary to help people put their knowledge into practice." Some knowledge of the HIV and AIDS discourses of the target groups and a better understanding of the perceptions of the Zambian population towards HIV and AIDS can make a positive contribution towards the repositioning of HIV and AIDS information communication. Some of these perceptions can be deduced from the concepts the people use to refer to the pandemic.

Previous studies on HIV and AIDS

Since the emergence of HIV and AIDS, it has attracted a lot of research. Some of this has focussed on the discourse of HIV and AIDS. These include: Sontag (2001), Mashiri, et al. (2002), Mawadza (2004), Ogechi (2005), Chong and Kvasny (2007), Kobia (2008), Vaknin (2010), Anyango (2012).

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Sontag (2001) identified four categories of metaphors that are usually used to describe HIV and AIDS. These include warfare metaphors, biological metaphors, plague metaphors and contamination and mutation metaphors. Warfare metaphors tend to describe HIV and AIDS as an invader or enemy attacking the body stealthily, sapping away immunity or aggressively assaulting a healthy immune system until the victim dies. Biological metaphors focus on the progression of the condition in an infected individual. The latter “deconstruct the disease into stages-budding/fledging to full-blown, resulting in comparison of AIDS to evolutionary or developmental progression, stripping the discourse of cultural meaning” (refer also to Kothari, 2013, 9). Plague metaphors conceptualise HIV and AIDS as ‘punishment from God’. On the other hand, contamination and mutation metaphors focus on the description of the infected population and the danger they pose to the uninfected population.

Mashiri, et al. (2002) investigated the names that the Shona-speaking people of Zimbabwe create and use in casual communication on HIV and AIDS. They considered the messages transmitted through these names and the ethical motivation for preferring to use these names. They observed that while the Shona speaker uses figurative names of HIV and AIDS to communicate personal messages and preserving individual face needs, his/her primary concern is to appeal to the community and to satisfy the communal ethical constraints of behaviour (Mashiri et al., 2002, p. 232).

Mawadza (2004) investigated how language is central to the way in which stigmas are perpetuated and constructed in HIV and AIDS discourse among the Shona people of Zimbabwe. Among others, she notes that stigmatising HIV and AIDS language is evident in the media, education materials, song and poetry (p. 421).

Chong and Kvasny (2007, p. 53) show how gender and sexuality are socially constructed in HIV and AIDS discourses. This is based on the argument that social ideology surrounding gender and power relationships is inevitably reflected and constructed in HIV and AIDS discourses that may influence how women see themselves and their possibilities for social change. Their findings show ways in which these discourses are limited in truly empowering women in their battle against HIV and AIDS.

Kobia (2008) analyses the language used in relation to HIV and AIDS and related issues among the Oluluyia people of Western Kenya. This study unravelled the multiplicity of metaphors that characterise HIV and AIDS in this community. The researcher established that the metaphors that are used in relation to HIV/AIDS discourse among the Oluluyia speakers of Western Kenya reveal the magnitude of the disease and their perception of the disease. In addition the metaphors perform crucial roles such as cautioning, persuading and threatening people against contraction of HIV and AIDS.

Vaknin's (2010, p. 2) work is on the discourse of HIV and AIDS as reflected in poetry, novels and music from Puerto Rico, Cuba and their Diasporas. It attempts to prove that the meaning of AIDS occurs through metaphor and that these metaphors ultimately hinder a patient's ability to cope with his condition. Vaknin indicates that in these areas, the HIV and AIDS metaphors can be put into three categories: metaphors of abjection and dehumanisation of the AIDS patient, metaphors of the foreignisation and othering of AIDS and patients and metaphors of plague and the moralisation of HIV and AIDS.

Anyango (2012, p. 155) analyses the dominant discourse on HIV and AIDS in the Nyanza Province of Kenya. The findings of her paper indicate that the choices made in the language used to communicate information on HIV and AIDS realise different representations of HIV and AIDS.

From the Zambian perspective one publication on HIV and AIDS discourse that we have found to be relevant for this article is by Banda and Mambwe (2013). This paper explores how HIV/AIDS education messages are transmitted through popular Zambian music lyrics. Using multimodal discourse analysis, the paper uses Zambian popular music lyrics to show how Zambian musicians deliberately blend languages, socio-cultural artifacts and knowledge into a hybrid of 'infotainment' in the fight against HIV/AIDS. The paper concludes that although male dominance is still prevalent, choices regarding sex and discussions on sexual matters are no longer a preserve for the men, and that musicians are able to use language to reframe dominant cultural practices and taboos in the process of disseminating HIV/AIDS messages (p. 2).

Data collection

This article is part of a trilogy of papers that have been developed from research conducted on the discourses of sexuality, HIV and AIDS in various speech communities in Zambia. Zambia is a multilingual country with an estimated 73 ethnic groupings speaking many languages. This paper focussed on one of Zambia's ethnic groupings; the Nyanja speech community.

The data for this article was collected over a period of one year in the community where the chosen language is spoken. The research involved a sample of 20 native speakers. The line of questioning mainly focussed on establishing the concepts people use to refer to sex, sexuality, HIV and AIDS. Terms were also collected through observing and listening to everyday conversations of people.

Once the data was collected, it was transcribed and translated literally and metaphorically. The understanding of the perceptions of the people towards the HIV and AIDS pandemic involved much more than just noting the literal translations of the concepts. Hence we delved into trying to establish the metaphorical and euphemistic interpretations that characterised some of the concepts.

Analytical perspectives

The analytical perspectives employed in this paper are anchored on Critical Discourse Analysis (CDA) and the politeness and face theory. According to Wodak and Meyer (2008, p. 10) CDA is 'fundamentally interested in analysing opaque as well as transparent structural relationships of dominance, discrimination, power and control as manifested in language'. To achieve this, CDA makes a distinction between what is so-called the 'linguistic surface and some kind of deep structure' (Wodak & Meyer 2008, p. 22). Wodak and Meyer report that from the perspective of CDA 'it is the more hidden types of everyday beliefs which are usually disguised as conceptual metaphors and analogies that are of interest to linguists' (Wodak and Meyer, 2008, p. 8). Hence CDA has among others the descriptive, explanatory and practical aim of attempting to 'uncover, reveal or disclose what is implicit, hidden or otherwise not immediately obvious' in relations of discursively enacted dominance or their underlying ideologies (Van Dijk 1995, p. 18). Concepts on HIV and AIDS in most Zambian communities are loaded with a lot of meaning which cannot be discerned from merely looking at the literal (surface) interpretations of the concepts. One needs to be exposed to the social and cultural context of the Zambian people to be able to grasp the hidden (deep) meanings in these conceptualisations.

The choice of CDA as an analytical tool for this article is partly motivated by the fact that CDA does not merely claim descriptive or explanatory adequacy. Van Dijk (1995, p. 19) postulates that the success of a CDA exercise lies in the view that its conclusions, recommendations and other practical interventions have to produce results. It is hoped

that the revelations of this article will positively inform those engaged in health education as they frame their messages about HIV and AIDS. This is because HIV and AIDS health communication programmes would be more successful if they took into account the fact that ordinary people use their own HIV and AIDS discourse which can have a bearing on their uptake of HIV and AIDS information and their behavioural change.

Tenets from the politeness and face theories have been employed in the determination of the basis for the use of certain concepts in reference to HIV and AIDS. Leech (1983, p. 104) defines politeness as “forms of behaviour that establish and maintain comity”. On the other hand, Huang (2008, p. 97) states that it [politeness] is “a social convention, a means to achieve good interpersonal relationships, and a norm imposed by social conventions ... of the community”. Politeness is employed to counteract face threatening acts in a communicative act.

The politeness theory can also be interpreted from the perspective of face theory. In this respect, based on Brown and Levinson (1987) Huang (2008, p. 96) observes that ‘politeness involves us showing an awareness of other people’s face wants while face refers to our public self-image.’ Huang (2008, p. 96) further points out that self-image can be perceived from two angles, these are positive face and negative face. ‘Positive face refers to the want of every member that his wants be desirable to at least some others while negative face refers to the want of every competent adult member of a society that his actions be unimpeded by others’ (Huang, 2008, p. 96; refer also to Crespo, 2005). It is the desire of most societies to ensure that the speech they engage in promotes positive face as much as possible. Although politeness is a universal practice it is manifested in different ways in different societies. People from different societies utilise different means to express politeness and save face. Some of these are reflected in various linguistic expressions. Generally, acts that promote negative face are regarded as detrimental to the practice of politeness and promotion of positive face. Brown and Levinson (1987, p. 60) state that some of the acts that promote negative face include the following; expressions of disapproval or disagreement, criticism and the mentioning of taboo topics. AIDS came into the Zambian society with all kinds of myths and perceptions. Among others, it is regarded as a taboo subject due to its association with sex, a subject that is not publicly spoken about in Zambia. Hence speech communities have in some cases devised different means of referring to the condition and those affected by it with the aim of promoting positive face and maintaining politeness. This includes the use of euphemisms and metaphors in reference to the pandemic. A mutual interdependence exists between euphemisms and politeness as the desire to be polite dictates the use of the former. Crespo (2005) observes that the indirectness achieved by the use of euphemisms considerably contributes to the avoidance of offending others and enhancement of politeness in any form of discourse. Quoting Allan and Burridge (1991, p. 11) Crespo (2005) further posits that “a euphemism is used as an alternative to a dispreferred expression, in order to avoid possible loss of face: either one’s own face or, through giving offence, that of the audience, or of some third party”.

What has been established about the concepts of HIV and AIDS developed by the speech community investigated is that some of these are used so as to save face while some stigmatise those infected by HIV and AIDS and hence are not helpful in the saving of face.

Concepts for HIV and AIDS

Introduction

Since the emergence of HIV and AIDS, there have been various types of discourses developed to talk about this condition. Thombre (2008, p. 4) singles out three distinct types of discourse; lay discourses, societal discourses and expert discourses. Thombre (2008) states that lay discourses have been developed by ordinary people and are guided by indigenous knowledge systems, cultural, social and individual practices in the different communities. Societal discourse are based on “time spent on analysing, discussion of the health problem and setting an agenda in the political, religious and organisational arenas to champion health delivery and services” by the society (Thombre 2008, p. 4). On the other hand, expert discourses are in the realm of the technocrats, whose focus is on trying to generate information on the understanding of the pandemic and the utilisation of this expert scientific information and knowledge. It is important for every society to recognise the existence of these discourses. As rightly argued by Parrot (2004), quoted by Thombre (2008), the identification and understanding of these discourses and discursive practices among the different categories is helpful in the development of “a unified preventive communication strategy inclusive of the many discourses on the issue” (p. 4).

The concepts of HIV and AIDS discussed in this article are in the realm of lay discourses by ordinary Zambian people that are neither medical practitioners nor health information educators. The concepts are formulated on the basis of the cultural and social practices of the Nyanja speech community. The relationship between context and language in any speech community has been acknowledged by linguists. Notable among these is Halliday (1994) who states that this dependency can be looked at from two contextual perspectives of language use namely; the “context of situation and context of culture”. He deems these as essential in any adequate understanding of language use. This implies that an adequate understanding of the perceptions created by the use of certain concepts with reference to HIV and AIDS in the Nyanja speech community demands some knowledge of the traditions, culture and contexts in which this community uses this language.

In the Nyanja speech community, most diseases and conditions do not have medical terms. In the case of HIV and AIDS, this is compounded by the fact that HIV and AIDS is still a taboo topic. People that are HIV positive do not find it easy to acknowledge their condition as they would for other deadly diseases in the country such as malaria and cholera. Hence the society resorts to the employment of metaphors, euphemisms, semantic extensions and descriptive terms in their conceptualisation of HIV and AIDS. In this speech community, there is also no clear distinction between HIV and AIDS. Hence similar terms are used to refer to both. The concepts coined for HIV and AIDS are of two major categories: those focussing on the victims of HIV and AIDS and those focussing on the nature of the condition. We discuss these below.

Concepts based on the physical appearance of the infected

Concepts in this category project the qualities or physical symptoms of people living with HIV and AIDS. As people with HIV develop full-blown AIDS, they manifest certain physical features that ‘mark’ them as infected in the eyes of their community. Some of these concepts are usually in contravention of the promotion of positive face as they are de-humanising and ridden with negative connotations.

When AIDS becomes full blown, it attacks the immune system, which results in the infected having a multiplicity of ailments that cause weight loss. Out of the appearance of the infected person, the Nyanja speech community has developed an image-based and symbolic expression that concretises this consequence of AIDS (refer also to Mashiri, et

al., 2002). *Kaliondeonde* 'getting thinner and thinner' is such a concept which is based on the physical appearance of people that have full blown AIDS when they lose weight. The concept gives the perception that someone infected with HIV and AIDS should necessarily be thin. A deviation from the expected standard body form is assumed to be indicative of one's infection (refer also to Mashiri *et al*, 2002). People are diagnosed as being HIV positive by the naked eye. The term has the effect of stigmatising any person that for whatever reason loses weight as being HIV positive. This is despite the fact that most ailments usually cause loss of weight. In addition, the concept has the consequence that someone with full-blown AIDS and has not lost weight may be perceived as healthy and uninfected.

This dependency on the manifestation of certain features in the infected person as an indication of HIV and AIDS infection may also give a false impression especially nowadays when infected people can take antiretroviral therapy, the result of which is that in most cases people gain extreme weight. Hence sexual partners they are involved with may carelessly not see the need to use protection during sexual encounters with such people. This is one of the factors that fan the spread of HIV and AIDS.

The use of the thinning or wearing out concepts is not peculiar to the Nyanja community. Writing on the Shona community and the Nyanza Province of Kenya, Mashiri *et al* (2002) and Anyango (2012), respectively observe that these terms are also used in these communities. For instance, the Shona use the terms *mudonzvo* 'a walking stick' and *tsono* 'a needle' to refer to people with HIV and AIDS. Mashiri, *et al*. (2002) argue that when these terms are used to refer to such people "they ... refer to the thinness or weight loss caused by HIV and AIDS" (p. 227).

Concepts based on symptomatic features of HIV and AIDS infection

There are concepts for HIV and AIDS based on its effects on the victims. *Kalikingwe* 'shivering with cold/always feeling cold' is one of such terms. People that have full blown AIDS look as if they have been struck by the cold. They usually feel feverish. In some contexts, this concept is also used with reference to what the person infected with HIV dies from, fever. The term *cimphepo* 'strong wind' (with pejorative *ci-*) is used in reference to how AIDS destroys people's health. In this metaphorical use, the destructive nature of wind which can also come without any warning and sweeps everything in its way is equated to AIDS. We also observed that the concept *cimphepo* (wind) is used to refer to people with full-blown AIDS that have lost a lot of weight to the extent that when they are walking, they cannot balance and it is as if they are about to be blown away by the wind.

The woman's face in HIV and AIDS conceptualisations

In the Nyanja community the concepts *kuvuta nyoko* "to trouble your mother" and *kanzunze amai ako* "go and say bye to your mother", are used to refer to people that are HIV positive and especially those that have developed full-blown AIDS. These concepts portray the infected as being helpless and a source of problems. An infected person is also regarded as being on a journey to death and hence the diagnosis of someone with HIV and AIDS is equated with one's days being numbered; and they have to go and say bye to their mothers because they are about to die (refer also to Mawadza, 2004, p. 431). The concepts also came about because in the early period of the pandemic, infected people that developed full-blown AIDS would in their last days be taken to the village. The communities perceived this as a sign that they were on the verge of death and were going to the village to go and say bye to their parents and relatives.

The concepts *kuvuta nyoko* and *kanzunze amai ako* also demonstrate how HIV and AIDS are highly gendered in the Zambian community. Further, they demonstrate the dialectal relationship that exists between particular discursive elements or events and the situations,

institutions and social structures which frame them (Wodak & Meyer, 2008). As argued by (Wodak & Meyer, 2008; Fairclough & Wodak, 1997), in CDA, language is viewed as a 'social practice' and in this social practice, the 'context of language use' is very important. This implies that language use is an institutionalised practice attributed to a social group of participants. For one to be able to understand this social practice, one has to be exposed to the social and cultural values and context of its practice. In Zambia, mothers are usually the care-givers for the sick. When most HIV positive people become terminally ill, they lose relationships and social networks, but mothers are always there to take care of them. Moreover, people with full blown AIDS have many demands, and may develop numerous degrading ailments that most care-givers may not be able to withstand. In times of such adversity, mothers usually feel obliged to take care of their children, playing their stereotypical role as wives, mothers and care-givers. *Kuvuta nyoko and kanzunze amai ako* hence highlight the gender role expectations in the care for the sick and especially for HIV infected people. As stated by (Cline & McKenzie (1996, p. 370) quoted in Chong and Kvasny (2007, p. 57) "through gender socialisation, women are often placed in positions where they are valued and defined primarily in relation to others [particularly as caretakers for men and children] rather than in their own right". In information education communication brochures in Zambia, it is not uncommon to find this care-giver image portrayed of women. This has also been noted by Chong and Kvasny (2007, p. 57) who indicate that "based on the cultural standard of 'true womanhood', women are the only logical choice to fulfil the role of care-giver since they are expected to be pure, pious, domestic and submissive ..." HIV is perceived as a woman's health issue because the women are the most affected as they are the care-givers for the infected.

The concepts of *kanzunze amai ako* and *kubvuta nyoko* are further indicative of the reality on the status of HIV infection rates in the country. The Zambia Country Report (2012) indicates that the youth are the most infected, hence parents end up being the care-givers instead of the children looking after their parents.

Metaphors in HIV and AIDS concepts

Our research revealed some HIV and AIDS concepts that are metaphorical in nature. According to Muller (2005, p. 55) a metaphor is a "means of understanding something in terms of something else by 'mapping' one conceptual domain to another". It involves the apprehension of concrete, familiar areas of experience to construe more abstract and unfamiliar experience" (refer also to Lakoff & Johnson, 1980). Hart (2011) further maintains that metaphors draw images from the immediate environment to reinforce the manner in which something is perceived in a given situation. Metaphors are characterised by two domains; the source domain (SD) and the target domain (TD) (refer also to Kobia, 2008, p. 51). To enable the reader or hearer interpret a metaphor, the source and target domain need to operate at the same level. For instance, the reference to a person as a snake implies that for the addressee to comprehend the meaning of this metaphor there should be some connection between the characteristics of the real snake and the referent.

People use metaphors for different reasons. It could be because the speaker cannot find the literal words to express something or because they want to express something more vividly. It may be out of the desire to maintain politeness and save face in a situation where a literal representation may sound offensive or is regarded as taboo. Hence the speaker may endeavour to talk about something in an indirect way using a metaphor (refer also to Mio, 1997; Gibbs, 1994 and Charteris-Black, 2004).

For HIV and AIDS concepts metaphors, people use metaphors because of the desire to find a vivid means of expressing something for which they have no other means of

representation. As observed by Kobia (2008, p. 51), metaphors invoke “powerful images, that shape public opinion, perception, comprehension and interpretation of a certain issue.” They also use metaphors because generally HIV and AIDS is a subject not easy to talk about publicly and also to help the hearer visualise their perceptions and views about the condition and those affected by it. In the latter, metaphorical expressions are used as a result of the desire to promote politeness and positive face.

The use of metaphorical expressions with reference to HIV and AIDS is not peculiar to the Zambian community. Mashiri, et al. (2002), also reveal that the Shona people employ this technique. Mashiri et al. (2002, p. 221) attribute this to the fact that:

The Shona people consider matters relating to sex, death, illness or the other's misfortune taboo or unspeakable. Thus, the Shona create and use numerous euphemisms, metaphors, colloquial expressions and slang for naming HIV and AIDS or referring to its consequences since they perceive the acronym HIV and AIDS as too direct, highly unsettling and face threatening.

In the HIV and AIDS concepts analysed, we detected bird, insect, object, plant and fire metaphors.

Bird metaphor with reference to the perceived deadly nature of HIV and AIDS

The metaphor in this category revealed how the communities utilise their geographical and ecological environment to conceptualise the nature of a health problem confronting them. This metaphor is employed to help communicate the message of HIV and AIDS in a very powerful and vivid manner. In respect to the bird metaphor we came across *Cimbalame* ‘eagle’. The bird being referred to is the eagle. Quoting Lakoff and Johnson (1980) Mashiri, et al. (2002, p. 226) point out that “metaphors should not be interpreted as mere words. They help make the speaker's thoughts and views vivid and in turn also help shape the hearer's perceptions about the referent”. By referring to AIDS with the bird (eagle) metaphor, the impact of AIDS, its destruction and deadly nature is made more vivid to the listener that knows the destructive nature of the eagle. For one to understand the implication and interpretation of a metaphor, they need to be aware of the attributes shared between the metaphor's source domain and its target domain. Hence to understand that the use of ‘eagle’ with reference to HIV and AIDS implies a destructive epidemic they need to be well acquainted with the perceptions about the eagle in the communities in reference. In these communities, the eagle is not a favourite bird as it is associated with death and destruction. It is usually a nuisance as it is a bird of prey that constantly terrorises the villages. When it catches its prey, it carries it alive and does not let go no matter what happens. It holds onto it until it reaches its destination where it devours it. The disease is likened to this bird in that when a person is infected with HIV, no medicine can cure them and in the end the infected die. Like the eagle, HIV ‘grabs’ (infects) its victims unexpectedly. The image of the eagle is also used with reference to the fact that when the eagle is looking for prey, it does not choose; it grabs whatever prey it finds, whether it is a small or big chicken. Moreover, the bird does not get satisfied as it keeps coming back to get more chickens until it depletes the chicken stock in one household. Equally, AIDS keeps on killing one person after another relentlessly.

In the concept *cimbalame*, AIDS is personified as a ‘bird/eagle’. By the use of the image of the bird/eagle, it could also be said that the person that contracts HIV is absolved from the blame of contraction of the condition. Just as the eagle hunts for its prey until it finds them, the disease comes to the person and the person is portrayed as contracting the disease not out of his own volition, but is perceived as merely a victim of circumstances. In the early posters on HIV and AIDS the bird metaphor was concretised by the depiction of a man being snatched by the eagle to symbolise contraction of HIV. In line with positive face, there was the depiction of the person as a passive victim of the pandemic.

Insect metaphors in relation to the contraction of HIV and AIDS

Insect metaphors are also used to conceptualise the source or contraction of HIV and AIDS. In these images, the human body is portrayed as being invaded by foreign objects, very small in nature, hence making it very difficult to get rid of them. The terms *kadoyo* or *kalombo* 'small insect' make reference to the virus being invisible. It is used to imply that once stung by an insect it leaves poison in one's body which slowly eats them until they die.

The concepts are also based on the perception that the disease is caused by a virus which enters the human body, which cannot be seen with naked eyes. One of the very first messages people got about HIV and AIDS was that it was transmitted by a virus and hence the terms. Due to diverse complications observed in people suffering from AIDS, it was difficult for people to give the disease an accurate name that would describe the disease. They simply acknowledged that it was transmitted by a virus conceptualised as an insect.

From these insect metaphors, there is the use of the Bantu languages class 12 diminutive nominal prefix, *ka-* to help further amplify the smallness of the virus. This also has the implication that people need to be careful as the virus that causes the condition cannot be seen by the naked eye.

Plant metaphors in relation to contraction of HIV and AIDS

As indicated above with reference to the bird metaphor, speech communities may employ imagery from their geographical environment to describe some aspects of HIV and AIDS. The Nyanja speech community uses a familiar plant, *citedze camkhete* 'monkey beans,' whose effects are as unpleasant as HIV and AIDS, to conceptualise their perceptions about the condition. In this case, the source domain is the plant. The concept is *cinamuyabwa* or *cinamuyabwa citedze camkhete* "he/she was irritated (by a monkey beans)". The plant, monkey beans, irritates whoever comes into contact with it. The concept draws its image from the fact that most people with full-blown AIDS spend most of their time sleeping and scratching as if they have been irritated by monkey beans as they develop various skin conditions with full-blown AIDS. Most people do not want to come into contact with monkey beans as they know its effects. In the same way, by making reference to this plant in relation to HIV infected people, the uninfected are indirectly being cautioned to avoid contracting it.

The Fire metaphor in relation to full-blown AIDS

Fire metaphors are commonly used with reference to anything that is perceived to be dangerous in most societies. The perception that AIDS is dangerous has been constructed in fire metaphors in some African societies including Zambia. Writing on the Oluluyia community Kobia (2008, p. 53) notices that "one of the metaphors common in all dialects of Oluluyia, relating to HIV and AIDS, is fire (*omulilo, mulilu, khumulilu*)." Kobia (2008) argues that even though "fire is considered useful in a number of ways to human beings; it can also be very destructive" (p. 53). Among the Oluluyia, the metaphor of fire is used to imply that HIV and AIDS is injurious and detrimental to the community. This explains its metaphorical use with reference to HIV and AIDS.

In Nyanja, the term *kanayaka* 'the fire has lit up' is used to refer to the situation where someone with HIV develops full-blown AIDS. When fire has lit up, it is visible for all to see and cannot be hidden. This is the stage when it is perceived to be dangerous. Equally, when someone develops full-blown AIDS, the symptoms are visible for all to see. The use of this fire metaphor is also indicative of the danger the community associates with HIV and AIDS. Just as fire is to be avoided, people with HIV and AIDS should be avoided and are perceived to be dangerous to other members of the community. The term is used as

caution to other members of the community. In a way, this view perpetuates the spread of HIV and AIDS as people only see danger in people that have full-blown AIDS. Before then they may be perceived to be uninfected and yet they are still capable of spreading the virus to others as long as they have contracted it even before they develop full-blown AIDS. Such perceptions are what fuel the spread of HIV and AIDS. *Kanayaka* also has another euphemistic interpretation. Something which has caught fire or is burnt cannot survive and does not come back. Even when someone survives a fire, they remain scarred for life and the consequences will always be there to be seen.

Object metaphors in relation to deadly contraction of HIV and AIDS

With respect to object metaphors, we came across the following from the Nyanja speech community; *kudyaka pakapendelo* 'to step on a bottle top'. *Kudyaka pakapendelo* is something that usually happens unexpectedly and the consequence of this is that one would trip and fall down and injure himself/herself especially if the *kapendelo* is on a slippery floor. Again, this concept is indicative of the people's perceptions about the deadly or dangerous nature of HIV and AIDS. Just as stepping on bottle tops should be avoided people are urged to avoid contraction of HIV and AIDS by not engaging in activities that would expose them to the virus.

Conclusion

The discussion in this article has shown that Nyanja speakers conceptualise HIV and AIDS in many different ways. The concepts that have been developed focus on the different qualities of HIV and AIDS and the infected. Those developed with reference to the infected are framed around the physical features of people living with HIV and AIDS and the impact or effects of the condition on them. On the other hand, the conceptualisations of the condition focus on the perceived source of the condition and its impact on the communities. Some of the concepts are in the form of metaphors whose images are derived from the social, physical and cultural environment of the community. In analysing these concepts, it has been posited that the concepts people use to refer to HIV and AIDS and people living with the condition are indicative of their multiple perceptions about HIV and AIDS and those living with HIV and AIDS.

Most of the concepts discussed indicate that in lay discourses there is the general perception that AIDS is untreatable, irreversible and fatal. People living with HIV and AIDS are presented with images of despair and helplessness. They are also perceived to be a source of problems, and hardship. These qualities have negative connotations as they perpetuate the discrimination and stigmatisation of the infected. The infected are sometimes perceived as victims of their own actions and hence deserve no sympathy. This defeats the concept of positive face.

In some instances, it may be the case that people may be using these terms without realising the negative effects they have on those living with HIV and AIDS. They may not even be aware that these concepts contribute to the shaping of the communities' perceptions, attitudes and reactions to HIV and AIDS and those living with it.

Our analysis has also revealed some aspect of gendering of HIV and AIDS. With the advent of HIV and AIDS, women have assumed a significant role as care-givers for the terminally ill. Hence they are presented with a positive image with reference to HIV and AIDS.

According to Wodak and Meyer (2008, p. 5) critical discourse analysis sees "language as social practice" (quoting Fairclough & Wodak, 1997). It is a reflection of the language user's attitudes towards situations in their environment. In HIV and AIDS, language is a very powerful tool for the promotion of stigma against the infected. Speaking ill of the

infected, the use of negative connotations and derogatory terms in reference to those with HIV perpetuates this stigmatisation. Stigmatisation has a negative impact on HIV and AIDS intervention programmes. It inhibits people from getting tested and revealing their HIV status. The sexual immorality associated with the contraction of HIV and the stigma associated with it as reflected in the terminology are some of the major causes for this. However, it should be noted that sometimes speakers are not aware of the fact that the concepts they use are stigmatising others. They may not even be aware of the negative impact of their utterances (refer also to Nyblade, et al., 2003, p. 37 quoted in Mawadza, 2004, pp. 421-2).

The Zambia government is currently engaged in a lot of activities to try and combat the spread of HIV and AIDS. Nonetheless, these have not been able to completely yield the expected results. For instance, the Zambia Country Report (2012) reveals that although the overall HIV epidemic appears to be trending down, it is not yet significant. It points out that this is because HIV prevention efforts have not yet succeeded in reducing the infection rate below the death rate (p. 3). There is also a campaign against the stigmatisation of those living with HIV and AIDS. Despite this, they are still stigmatised and this could be one of the reasons why people living with HIV and AIDS do not openly talk about their condition. Stigmatisation also discourages some people from getting tested for HIV as they would rather be ignorant about their condition. This does not help in the promotion of programmes for early detection of people's HIV status to enable them take preventive measures so as not to infect others. There is, therefore, the need to scale up information education programmes against the stigmatisation of the infected. Such programmes should take into account the fact that HIV and AIDS communication among the 'lay' people is characterised by multiple and counter-discourses in the form of concepts for HIV and AIDS which may be detrimental to the country's efforts to eradicate the disease and reduce its stigmatisation.

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